

# TEST REQUEST FORM

## Patient Information

Name (Last, First, MI)			
Address			Birthday
City	State	Zip	<input type="checkbox"/> Male <input type="checkbox"/> Female
Guardian name if minor			Phone
ICD-9 Code(s) Required	1)	2)	3)
	4)	5)	6)
	7)	8)	

## Ordering Physician

Name (Last, First)			
Address			Phone
City	State	Zip	NPI#
Special Instructions			Fax results to

**Pre-payment required. Insurance and Medicare not accepted.**

Authorization Signature	
Credit card number	Exp date

Specimen Information	Test ID Assays	CTP Code	Accepted Specimens
Date Collected / /	<input type="checkbox"/> 7500 <b>Adenovirus</b> qPCR	87799	BAL, Bone Marrow, CFS, Fecal, Plasma, Tissue, Urine, Whole Blood
	<input type="checkbox"/> 2500 <b>BKV</b> qPCR	87799	BAL, Bone Marrow, CFS, Plasma, Tissue, Urine, Whole Blood
	<input type="checkbox"/> 2300 <b>BK IgG Antibody</b>	86790	Plasma, Serum
Time Collected <input type="checkbox"/> AM <input type="checkbox"/> PM :	<input type="checkbox"/> 5500 <b>CMV</b> qPCR	87497	Amniotic Fluid, BAL, Bone Marrow, CSF, Plasma, Tissue, Urine, Whole Blood
	<input type="checkbox"/> 4500 <b>EBV</b> qPCR	87799	Bone Marrow, BAL, CSF, Plasma, Tissue, Whole Blood
	<input type="checkbox"/> 1400 <b>Enterovirus</b> qPCR	87799	CFS
	<input type="checkbox"/> 1100 <b>HBV</b> qPCR	87517	Whole Blood, Plasma, Serum
	<input type="checkbox"/> 1300 <b>HCV</b> Genotyping (Must be ordered with 1200 HCV RNA qPCR)	87902	Whole Blood, Plasma, Serum
	<input type="checkbox"/> 1200 <b>HCV</b> RNA qPCR	87522	Whole Blood, Plasma, Serum
<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> CFS <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Tissue <input type="checkbox"/> NP Swab <input type="checkbox"/> Other	<input type="checkbox"/> 6500 <b>HHV-6</b> qPCR	87533	BAL, Bone Marrow, CFS, Plasma, Tissue, Urine, Whole Blood
	<input type="checkbox"/> 6700 <b>HHV-6</b> Ultra-sensitive qPCR	87533	CFS, Plasma
	<input type="checkbox"/> 7000 <b>HHV-7</b> qPCR	87799	BAL, Bone Marrow, CFS, Plasma, Tissue, Whole Blood
	<input type="checkbox"/> 8000 <b>HHV-8</b> qPCR	87799	BAL, Bone Marrow, Tissue, Whole Blood
	<input type="checkbox"/> 8500 <b>HSV 1 / HSV 2</b> qPCR	87530	Amniotic Fluid, BAL, Bone Marrow, CFS, Plasma, Swab, Tissue, Urine, Whole Blood
	<input type="checkbox"/> 9000 <b>ImmuKnow®</b>	86353	Whole Blood
	<input type="checkbox"/> 3500 <b>JCV</b> qPCR	87799	CFS, Plasma, Tissue, Urine, Whole Blood
	<input type="checkbox"/> 1500 <b>Parvo B19</b> qPCR	87799	Amniotic Fluid, Bone Marrow, CFS, Plasma, Whole Blood
	<input type="checkbox"/> 2000 <b>Pneumocystis jiroveci</b> (PCP) qPCR	87799	BAL
	<input type="checkbox"/> RV00 <b>Respiratory Viral Panel</b> Metapneumovirus RSV A Rhinovirus RSV B Influenza A Parainfluenza 1 Influenza A subtype H1 Parainfluenza 2 Influenza A subtype H3 Parainfluenza 3 Influenza B Adenovirus	87798	NP swab, NP aspirate, Tracheal aspirate, BAL
<input type="checkbox"/> 3000 <b>SV-40</b> qPCR	87799	Tissue	
<input type="checkbox"/> 2200 <b>Toxoplasma gondii</b> qPCR	87799	Amniotic Fluid, CSF, Plasma, Whole Blood	
<input type="checkbox"/> 9500 <b>VZV</b> qPCR	87799	BAL, Bone Marrow, CFS, Plasma, Swab, Tissue, Whole Blood	

For other specimens, please inquire.

**Specimen collection and shipping instructions on reverse side**

6/12/08

PCR tests are performed pursuant to a license agreement with Roche Molecular Systems, Inc. ImmuKnow is a registered trademark of Cylex Incorporated. Respiratory Viral Panel is a product of Luminex Corporation.

## SPECIMEN COLLECTION & SHIPPING

Ship for arrival at ViraCor within 96 hours of collection.

**Note: Multiple tests can be run on 1 specimen**

If 96-hour time constraint cannot be met, please call ViraCor at 1-800-305-5198 for special instructions.

SPECIMEN SOURCE		COLLECTION PROCEDURE	TRANSPORT PROCEDURE
Blood	Plasma	2-3 ml separated from whole blood collected in EDTA (lavender top) tube.	Ship at ambient temperature Monday-Friday
	Whole Blood	3-5 ml collected in EDTA (lavender top) tube. <b>Do not freeze.</b>	Ship at ambient temperature Monday-Friday
	Serum	3-5 ml blood collected into red top tube. To separate serum from clot, centrifuge at 1000 xg for 10-15 minutes. Transfer serum into screw-cap tube for shipment.	Ship at ambient temperature Monday-Friday
	ImmuKnow® Specimens – Whole Blood	2-3 ml collected in a sodium heparin (green top) tube. Maintain ambient temperature by shipping the specimen in 2 inch thick styrofoam with specimen surrounded by ambient temperature gel packs.	Ship at ambient temperature Monday-Friday. <b>Specimen must arrive at ViraCor within 30 hours of collection.</b>
	Hepatitis Specimens – Whole Blood	7-10 ml in EDTA, ACD Solution A, or PPT sterile tube. Minimum specimen requirement is 2 ml plasma. Separate plasma from cells within 4 hours of collection and freeze. To remove plasma from cells, centrifuge at 1000 xg for 10-15 minutes. Do not clarify by filtration or further centrifugation. If specimen was collected in PPT tube, the entire tube can be frozen if desired following centrifugation.	Ship ambient or frozen Monday-Friday.
Body fluid other than blood or urine		Collect 2-3 ml in a sterile screw-cap tube.	Ship at ambient temperature Monday-Friday
Bone Marrow		1-2 ml, collected in an EDTA (lavender top) tube. <b>Do not freeze.</b>	Ship at ambient temperature Monday-Friday
Bronchial Lavage/ Bronchial Wash		2-3 ml, collected in sterile screw-cap tube.	Ship at ambient temperature Monday-Friday
CSF		1- 1.5 ml in sterile screw cap tube. <b>Freeze prior to shipment.</b>	<b>Ship on DRY ICE Monday-Friday</b>
Eye swab		Swab the inflamed conjunctiva or corneal lesions. Place swab in 1-2 ml sterile saline or viral transport media in sterile screw-cap tube.	Ship at ambient temperature Monday-Friday
Fecal		Sterile swab (plastic shaft only) or very small (pea size) fecal sample placed in 1-2 ml sterile saline or viral transport in sterile screw-cap tube.	Ship at ambient temperature Monday-Friday
Nasopharyngeal Aspirate/ Tracheal Aspirate		2-3 ml collected in sterile saline in sterile screw-cap tube.	Ship at ambient temperature Monday-Friday
Nasopharyngeal Swab		Sterile swab (flexible shaft) placed in 1-2 ml sterile saline or viral transport media in sterile screw-cap tube. Do not use calcium alginate swab.	Ship at ambient temperature Monday-Friday
Swab		Sterile swab (plastic shaft only) placed in 1-2 ml sterile saline or viral transport media in sterile screw-cap tube. Do not use calcium alginate swab.	Ship at ambient temperature Monday-Friday
Tissue		Place in a sterile screw-top container, add a small amount of saline to keep moist.	Ship at ambient temperature Monday-Friday. Frozen tissue is acceptable.
Urine		5 ml sample collected in a sterile urinalysis container. Transfer to a 15 ml sterile screw-cap tube for shipment.	Ship at ambient temperature Monday-Friday
Vesicular Lesion		Collect the fluid and cellular material from the base of several fresh vesicles. Place swab in 1-2 ml sterile saline or viral transport media in sterile screw-cap tube. Do not use calcium alginate swab.	Ship at ambient temperature Monday-Friday
Other specimens		Please inquire.	

### SHIPPING INFORMATION

- All specimens must be labeled with patient's name and collection date.
- A ViraCor Test Request Form must accompany each specimen.
- Ship specimens FedEx Priority Overnight to: ViraCor Laboratories, 1001 NW Technology Dr., Lee's Summit MO 64086

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